

NEVER DREAM LESS FOUNDATIONS

Phone Number: 319-538-9817

NDL ENROLLMENT FORM

Child Name: _____

Address: _____

Child's Gender: Male Female Prefer not to say.

Parent/ Guardian #1

Name: _____

Relation to Child: _____

Phone Number: _____

Email: _____

Preferred contact method: Text Call Email

Parent/ Guardian #2

Name: _____

Relation to Child: _____

Relation to Parent/Guardian #1: _____

Phone Number: _____

Email: _____

Preferred contact method: Text Call Email

Emergency Contact:

Name: _____

Relation to Child: _____

Phone Number: _____

Email: _____

Transportation:

Need transportation Dont need transportation

Name of child: _____

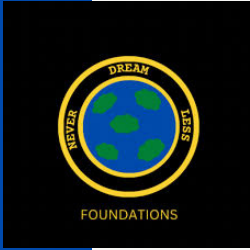
Name of parent and/or guardian: _____

Contact information: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date signed



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MEDIA RELEASE FORM

A Request for Permission to Release
Waiver for Photographs, voice
recordings, and video recordings of:

Child, _____

Adult, _____

I acknowledge and confirm that my child's photo, and video/audio recording can be used for Never Dream Less Foundation's, social media and promotional purposes.

I grant permission to Never Dream Less Foundations to use photos, and video/audio recordings of _____ for social media and promotional purposes.

I release both Never Dream Less Foundations and photographer from any claims that may arise from the use of photos.

I understand and agree that all photos will become the property of the Never Dream Less Foundations.

I have read and understood the terms set forth in this Media Release Waiver form.

Name of child: _____

Name of parent and/or guardian: _____

Contact information: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date signed



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TRANSPORTATION CONSENT

I (Parent/Guardian) _____ grant permission to Never Dream Less Foundations approved staff to give _____ (child's name) rides to off-site events, field trips, and the Never Dream Less Foundation sites.

I, _____ hereby waive, release, and discharge all of those involved with Never Dream Less including, Mentors, pre-mentors, board members, and founder from any liability or injury that may arise from traveling to off-site events, field trips and the Never Dream Less Foundation sites.

Name of Child: _____

Name of parent and/or guardian: _____

Contact information: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date signed



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MEDICAL FORM

Child's Name: _____ Child's Birthdate: _____

Parent/Guardian #1: _____ Phone Number: _____

Parent/Guardian #2: _____ Phone Number: _____

Medical Conditions: _____

Medications: _____

Allergies: _____

Doctor's Name: _____

Doctor's Address: _____ Doctor's Phone Number: _____

Preferred Hospital: _____

Hospital Address: _____ Hospital's Phone Number: _____

Religious Preference: _____

I, _____ parent or guardian of the child named above give my permission to Never Dream Less Foundation to secure and authorize such emergency medical care and treatment as my child might require while under their supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

***Every effort will be made to notify parents immediately in case of emergency**

Name of Child: _____

Name of parent and/or guardian: _____

Contact information: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date signed